

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10718932
APPLICANT(S)
FILING DATE 12-04-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	(1)					
4	(1)					
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50						
TOTAL IND.	1					
TOTAL DEP.	3	↔	↔	↔		
TOTAL CLAIMS	4	██████	██████	██████	██████	██████

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	██████	██████	██████	██████	██████	██████